

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Revised Bureau No. 100-100-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
LC-029405B
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER
2. NAME OF OPERATOR **Conoco Inc.**
3. ADDRESS OF OPERATOR **P.O. Box 460 Hobbs, NM 88240**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface **Unit letter P 1226' FSL + 1310' FEL**
14. PERMIT NO. **30-025-29956** 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME **MCA Unit**
8. FARM OR LEASE NAME
9. WELL NO. **372**
10. FIELD AND POOL, OR WILDCAT **Malinar G-5A**
11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
12. COUNTY OR PARISH **Lea** 13. STATE **NM**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) **Open add'l pay & stimulate** X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

We propose to perf. the Grayburg 6th zone & stimulate all pay zones as follows:

1. Perf. Grayburg 6th zone
2. Scale treat all pay zones
3. Acidize all pay
4. Return to production.

18. I hereby certify that the foregoing is true and correct

SIGNED **H.A. Ingram** TITLE **Conservation Coordinator** DATE **3/23/90**

(This space for Federal or State office use)
Orig. Signed by Adam Galanteh

APPROVED BY **PETROLEUM ENGINEER** DATE **3-30-90**
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side